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The Trichina Spiralis. A Family Poisoned by Eating Trichinous Pork. By E. M. SMITH, M. D., of Marion, Linn County, Iowa.

In view of the great excitement existing at the present time, in Central Iowa, respecting the prevalence of the disease called Trichiniasis, caused by eating raw trichinous pork, I have determined to prepare a correct report of the cases which have given rise to so much interest and inquiry. That the malady exists in this section of the country, is no longer a matter of doubt.

So long as the disease was distant from us, and our principal knowledge of it consisted of unauthenticated newspaper gleanings, and occasionally a brief notice of the subject by the medical journals, we were content to almost ignore the very existence of the trichinal disease, or, at least, to more than half believe that the disease was rather a speculative theory than a practical matter to be encountered by the profession.

On the morning of May 11th, 1866, I was requested to call at the residence of a Mr. Bemis, the messenger remarking that "they were all sick and didn't know what was the matter." The family occupied a comfortable suit of rooms on the second floor over a cloth store, in a sufficiently ventilated building,

which is evidently as healthy as most dwellings. I am thus particular as to the rooms, that there may be no false conjecture of oclesis or crowd-poison in the case. The family numbered ten persons: Mr. Bemis, aged 72; Mrs. B., aged 57; two unmarried sons—Henry, aged 23, and Whitfield, aged 20; a son-in-law, Mr. Lansing, with his wife and four children, aged, respectively, 13, 9 and 6, the last being twins. I called as requested, and found six persons lying ill: Mr. B., his wife and son, Henry B., together with three of Mr. Lansing's children—Willie, Ella and Albert. I learned that all six had been taken sick at about the same time, a week previous to my call. The prominent symptoms observable at the time were: more or less diarrhœa; tenderness of the abdomen; tongue thickly coated, contracted and red about the edges; œdema of the face in several of the cases; considerable pneumonic irritation in some; fever of a typhoid character; pulse ranging from 100 to 120 per minute; great thirst and profuse sweating; complaint of soreness and stiffness of the muscles, a difficulty of extending the limbs, wakefulness at night, and excessive exhaustion. Each case exhibited more or less of the symptoms just enumerated, the difference being merely in intensity.

It seemed to me something remarkable that so many persons should all be taken ill at about the same time, in the same family, and with the same general range of symptoms, while no sickness of like character was prevailing in the community. Making a careful examination of each patient, I informed the family that I was fearful that it would prove to be the trichinal disease; still I was not positive, never having before seen a case; and further, having made diligent inquiry in regard to the previous diet of the family, I could elicit no facts which would lead me to believe that any raw pork or other meat even had been eaten. But I was not satisfied, and so concluded to watch my patients awhile before giving a positive diagnosis, and to prescribe such palliative remedies as were indicated, my opinion being divided between trichiniasis and typhoid fever.

On the 14th of May, three other members of the family (Whitfield B., Mrs. Lansing and her youngest daughter) began to complain of like symptoms with the first six; and so im-

pressed was I with the idea of trichiniasis, that I ordered each an active cathartic. They and one other case have recovered.

The œdematous condition of the face disappeared about the fourth or fifth day after its appearance, and immediately swelling of the ankle joints, with some soreness, supervened; while two of the cases showed decided anasarca of the lower extremities, which continued until death. During the second week of my attendance but very little change was observable in a majority of the cases, excepting that three of the milder cases began to convalesce, and a gradual increase of the pneumonic difficulty occurred in Mrs. B. and Henry B. In the latter case it became so severe as to require active treatment for several days; respirations, 48 per minute, with copious brick-dust colored expectoration. I believe that in this case the pneumonic affection was much aggravated by sitting in a draft before an open window while perspiring freely. At this time several of the patients were somewhat delirious at night, but had shown little or no indications of coma.

On May 30th, Willie Lansing, seemingly doing well, suddenly grew worse, and in the evening I called in consultation my friends, Drs. Bardwell and Ristine. Nothing new was elicited in respect to the cause of the disease, we still regarding it an aggravated form of typhoid fever, from using impure water, or from other causes, the nature of which we were unable to ascertain. May 31st, Willie was rapidly sinking; the sustaining treatment ordered evidently affording no relief. At 5 o'clock A. M., June 1st, I again visited my patients, and again renewed my former inquiries in regard to the meat eaten in the family previous to the outbreak of the sickness. I here gained the admission from the ladies of the family that, about the last of April, they had obtained a couple of smoked hams, which were eaten; and that, during Mrs. Lansing's absence from home one day, the little boys had carved off portions of the raw meat and eaten plentifully of it, and the little girls ate some at the same time; and further, that Mrs. Bemis had several times sliced up the raw ham for the table, and it had been eaten, and that a small portion, which remained at my first call, had been thrown away. In from five to ten days, all who had eaten were ill.

Here at once was the solution of the whole difficulty, which I had so earnestly sought previously. Plainly, the disease was trichiniasis. Mr. Lansing had eaten of the meat when well cooked, and had escaped. Mrs. Lansing ate of it very rarely cooked, and had a somewhat mild attack.

I immediately sought Drs. Bardwell and Ristine, and communicated to them the facts I had just learned from the family; to us they were now plain cases of trichiniasis, yet the positive proof was wanting. The same day, Willie L. died, and in the evening, assisted by our leading physicians, I made a limited post-mortem examination, and obtained small portions of the rectus femoris and biceps muscles for microscopic examination.

Upon placing minute particles of these muscles under the glass, the parasites were to be seen in great numbers; the veritable *trichina spiralis*. Many of these were very active, and were readily seen to coil and uncoil, and to exhibit an activity commensurate with the terrible work they had done. I counted 26 trichinæ on one field of the glass; and upon placing a piece of the rectus femoris, $\frac{1}{2}$ of an inch in diameter, under the object glass, 104 trichinæ were counted, which would give nearly 200,000 parasites to the cubic inch. On the 3d of June, Henry B. died, severe pneumonitis having supervened, which no doubt hastened his end. No post-mortem was made. June 8th, Albert Lansing died. In his case anasarca and pneumonitis were prominent symptoms. Not examined after death. The elder Mr. Bemis lingered along until the 15th, complaining of much abdominal pain and great soreness and contraction of the muscles of the extremities.

A post-mortem was held, and the cadaver carefully examined. No lesions of a pathological character were found, the appearance of the viscera being nearly or quite normal. Portions of the muscles, from different parts of the body, were removed for microscopic investigation; also, of the liver, spleen and lungs. The voluntary muscles were swarming with trichinæ; some were found in the lungs and spleen, but none in the heart or liver. On the 17th, Mrs. Bemis died, anasarca, and with marked pneumonic symptoms. For several days previous to her death,

the cough and dyspnœa were so troublesome, while lying down, as to compel her to remain in a half-sitting posture for relief. Her appetite was considerable during the whole course of her sickness, which was not the case with the most of the others. In the treatment I made no experimental efforts, but contented myself with a sustaining course of tonics and alcoholic stimulants, believing that whatever remedies were best calculated to aid nature in her conflict with causes so overwhelming to all the powers of life, were the remedies that common sense and sound medical philosophy indicated. The number of parasites found in the muscles of the bodies examined seems almost incredible, but facts and figures are ugly points to get over, and here amply sustain the statements made. The estimates are fully corroborated by the investigations of very many of the most intelligent and skilful medical gentlemen in Iowa. I also sent a portion of the muscles tested to Dr. E. Ingals, of Rush Medical College, Chicago, and he informs me by letter that the estimates, from careful examinations of the Faculty, correspond very nearly with my own given above. In the last case examined, the number was nearly up to the first; and beside, some encysted worms were found, showing that probably the activity of the parasite begins to subside in from forty to fifty days after the first indications of the malady.

I have now given a concise history of the first authenticated cases of trichiniasis that, to my knowledge, have ever occurred in the western part of the United States. To be sure, none of the trichinous meat eaten was examined, but what is better, the bodies of the victims were scanned, and the parasites were found in multitudes. We farther know that nine persons ate of the raw ham, and in a few days all who had thus eaten, and none others, were taken ill with the same form of disease, differing only in intensity, in proportion to the quantity of raw meat eaten. Five of the nine sufferers have died. The four remaining cases are out of danger, and are regaining their usual state of health.

Diagnosis and Treatment of Pott's Disease of the Spine. By
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It has seemed to me somewhat remarkable that the well-defined symptoms of this disorder, which is so common among all classes of society, so disastrous in its results when neglected, but so amenable to treatment in its earlier stages, should be almost entirely overlooked, as such, by the general practitioner in this age of our profession, when diagnosis is made so prominent a part of a thorough medical education. And for this reason, I have been induced to prepare this paper, hoping thereby to attract the attention of practitioners more forcibly to the importance of an early recognition of this terrible malady, and to urge upon them the necessity for its prompt, thorough and effectual treatment by proper mechanical means.

What, then, are the symptoms by the presence of which we are to be guided to a correct diagnosis in these cases, where an accurate decision is of such vital importance to the future welfare of the patient?

First. Pain,—*not*, as is generally supposed, in the back or along the spine—which is very rarely the seat of tenderness, unless caused by the manipulations of the physician in his vain endeavors to find a sore spot,—but on the anterior portion of the trunk, and generally at the epigastrium, though sometimes at the hypogastrium, and occasionally in the thoracic region, near the costo-sternal articulations, or at the borders of the ribs, being modified somewhat by the point at which the disease is situated. So constant is this symptom, that it may be considered pathognomonic of the disease under contemplation. The pain is rather paroxysmal in character, and is intense and agonizing, often causing the most piercing cries to escape the lips of the sufferer. In some cases it seems to be excited by slight causes, while in other instances it comes on spontaneously. It is sometimes present in the evening, but in other cases is complained of in the morning on rising from bed, or it may only be noticed when the patient is fatigued.

This prominent symptom of a vital disorder is very often mistaken for the whole disease, and the patient is accordingly

treated for worms or inflammation of the bowels, gastritis, or indigestion, until the attention of the medical adviser is fully aroused to the serious nature of the malady which he has been vainly endeavoring to combat with inert remedies, by the actual appearance and rapid increase of the hideous deformity which, sooner or later, results from ulcerative inflammation of the spine.

Second. A peculiar and characteristic attitude and gait, which is adopted for the purpose of avoiding as much as possible all shocks and concussion to the spine. The head is thrown backward as well as the shoulders, which are also slightly elevated; the elbows, hips and knees are flexed, and the toes are generally turned in. The patient steps very carefully, often resting one hand (generally the left) upon the knee, and when standing, will lean upon a chair or table, or his mother's lap, for support. If asked to pick up some object from the floor, he will squat down by the side instead of in front.

In connection with these more prominent signs, we often find great irritability of temper and nervous excitability, appetite extremely capricious or almost entirely lost, tumefaction of the abdomen, general debility and indisposition, and the gradual development of a cachectic condition.

If the disease be situated in the dorsal region, the respiration will be short and labored.

If the physician should find one or more of the symptoms which have been enumerated present, but should still be in doubt as to the true nature of the affection, let him view the spinal column from the side, and he will notice a straightening of the spine at some point instead of the normal curve; or, if the disease is a little farther advanced, a bulging outward, with straight lines above and below, converging towards the point where the disease is situated. If he fails in detecting either of these appearances, let him take a full view of the back, and if there is a slight deviation of the spine to one side without any true course, but in its place an angle, and the line of spinous processes above and below converging to that angle as to a focus, he may be sure that mischief is going on at that point.

This lateral *deviation* is likely to be confounded with true lateral *curvature* of the spine, but there is one sure method of settling this doubt, if it should arise in the mind of the physician. If disease of the spine exists, there is generally, in connection with the *apparent* curvature, a very slight projection backward of one spinous process, and by grasping the patient's hips firmly and directing him to stretch the arms straight above the head, and carry the head and trunk forward without flexing the spine, the lateral deviation will disappear, but the projection will still remain visible, showing beyond the possibility of a doubt that the vertebræ at this point are diseased.

But the physician should not wait for the manifestation of these physical signs. It is a well known and generally recognized law—illustrations of which often occur in the practice of every physician—that lesions of nervous centres and main trunks exhibit their earliest manifestations at a distance from the seat of irritation, in the extremities of the nerves which have their origin at this point.

A persistent, severe, paroxysmal pain in the region of the stomach, which resists all ordinary and well known remedies, should immediately attract the attention of the intelligent practitioner, who has a knowledge of the existence of the above-mentioned law, to the spinal column as the focus of this abnormal sensation.

Having satisfied ourselves that progressive ulcerative inflammation of the bodies of the vertebræ or of the intervertebral substance exists, what are the indications for treatment?

Evidently, first, that which has of late years been so successfully adopted in the treatment of that similar affection, morbus coxarius, namely: to relieve the pressure at the point of disease; and, secondly, to sustain the general tone and vigor of the patient's system, by the adoption of such hygienic measures and the administration of such remedies as the nature of the case seems to require.

The last named indication is second not only in order but in importance, for it is a fact founded upon experience, that, if the first indication is promptly and effectually fulfilled, the accomplishment of the second follows as a natural result in the majority

of cases, without any attempt to combat the accompanying constitutional symptoms by general medication.

How, then, may the first, and by far the most important, requirement in these cases be properly answered?

By the introduction of setons and issues, or the application of *moxæ* and the actual cautery? I cannot deny that some kind of counter-irritation is useful in certain forms of disease, but I do positively maintain that no possible benefit can be derived from the adoption of such measures in the affection under consideration.

Without entering at the present time into an examination of the various theories, which have been held by pathologists of our own and former periods, with regard to the causation of this malady, we must accept the fact that we have a morbid process going on, which is gradually but surely undermining the constitution; disturbing rest and appetite; causing hectic, and producing a hideous deformity. Now, is it reasonable to suppose that we shall be able to control this unhealthy action, with all its accompanying horrors, by the institution of any form of treatment which will cause a still further drain upon the system, which is already taxed almost beyond endurance? It seems to us that mature reflection will disclose the utter uselessness of such measures.

In most surgical works, the recumbent posture, either in the prone or supine position, has been very strongly insisted upon as absolutely necessary in this disease. Neither of the indications are properly fulfilled by this method of treatment, and therefore it is objectionable, except under one condition which is liable to occur, and which will be hereafter mentioned. The prone position does not remove the superincumbent weight from the bodies of the diseased vertebræ, and consequently the deformity is increased rather than diminished; the weight of the trunk is supported on the thorax and abdomen; the play of the ribs, and of the abdominal and thoracic muscles and viscera, is restricted; the thorax becomes flattened, and the digestive, respiratory, and circulatory functions necessarily impeded. This system, with all its lingering horrors, is now happily abandoned, though confinement to the bed in the supine position,

which is only less harmful, is still recommended and adopted by many surgeons, as being the only practicable means of relieving the diseased surfaces from the weight and pressure to which they are constantly subjected, if the body is held erect. But, while the tendency is to produce this effect, it is done at the expense of the general health of the patient, as it materially interferes with those various hygienic measures which are so necessary to subjects of this class. Besides this, the functions of the skin are impeded by the constant pressure to which it is exposed, and organic lesions of the soft parts are induced, while the natural action of the muscles is curtailed, and those organs consequently become weak and atrophied.

Many mechanical arrangements have been devised for the relief of this class of patients, but they have generally been constructed on the same principle, and that a false one, not recognized in mechanics, so that we need not wonder at the want of success which has attended their use. Nearly every instrument coming under my observation, has been made with the one idea of producing counter-extension from the hips to the shoulders, by means of crutches passing from a hip-band and resting under the arm-pits.

There are two insurmountable obstacles in the way of producing any beneficial result by this means :

First, the hips are never broad and full enough to afford a basis of support, and

Second, we can find no fixed point above.

Any force applied under the arm-pits only raises the weight of the arms themselves, while it seriously interferes with the circulation in those extremities, which, in connection with the pressure downward upon the hips, becomes in a short time intolerable.

An apparatus, to be thoroughly effective in cases of this kind, should admit of such freedom of action on the part of the patient as will conduce to his comfort and welfare, while, at the same time, it absolutely protects the diseased portion of the spine from pressure and the shocks to which it is constantly liable.

Such an instrument has been invented by Dr. Charles F.

Taylor, of New York city, and used by him and others with very marked success in the treatment of this disease during the past few years.

This very useful surgical appliance consists of a well-padded hip-band, which passes rather more than half-way around the trunk, midway between the great trochanters and crista ilii. From this, two narrow steel pieces pass up the back on either side of the spine, which are fastened at the top to a double-T-shaped piece of steel, of the same width and thickness as the uprights, to each cross of which is attached a strap which passes over the shoulder and under the arm. The shape of the cross-piece prevents the ligaturing of the arms, which would not only be painful but injurious. Opposite the point of disease are two broad steel plates, which are fastened above and below to the two uprights by means of stop-hinges, which absolutely prevent motion *forward*, but allow the most unrestrained use of the muscles in the *backward* direction, thus bringing the erector-spinae into action, and so causing their development, and making them a means of sustaining a portion of the weight of the body, and thus assisting in a manner to overcome the curvature. I have seen this effect produced in many cases. Upon these plates are fastened the pads, which press not directly upon the spine but upon either side of it. These are made of canton flannel, and filled with wool or ground cork. The latter is best, as it is quite as soft as wool, and is not so liable to pack and become saturated with perspiration. The shoulder-straps and the strap which passes from either end of the hip-band, should be made of firm—not elastic—webbing, and provided with pads to protect the parts from abrasion, and all these should be renewed often to insure cleanliness and efficiency. The strap, which is attached by means of buckles to either end of the hip-band, passes below the abdomen, and to it is sewed a broad bellyband, which passes up in front, and is buckled *loosely* to the uprights by each upper corner. This proves grateful to the patient, as it sustains the pendulous abdomen, and does not interfere with the respiratory, circulatory or digestive functions. Passing through the uprights, above and below the hinges, are little screws which play upon the pad plate, forcing open the

hinges, thus increasing the action of the instrument when desirable.

It is not claimed for this apparatus, neither can it be for any other, that the mere application of it is to do anything towards the cure of so formidable a malady. Any surgical appliance should not only be constructed upon correct mechanical principles, but it is also necessary that it should be carefully fitted to each case, which should be constantly watched and attended, that any indications for treatment which may arise may be promptly answered by corresponding changes in the form and relative bearings of the instrument. And these necessary modifications should be made, in all cases, by the physician or surgeon himself, who is the only proper person to administer any medical or surgical treatment.

The apparatus described above may be modified to suit the requirements of any case, in whatever portion of the spinal column the disease may be situated.

If this should be in the cervical region, the instrument requires the addition of a piece of steel, bent so as to receive the occiput, and attached to the cross-piece by means of a pivot. From either end of this head-piece, which is well padded, a properly-made strap passes under the chin, and thus the head, which would otherwise fall forward until it rested upon the chest, is effectually supported. The pads in this case must, of course, be moved higher up.

If there should be much anterior curvature (incurvation or lordosis) below the point of disease, which may often occur, it is necessary still farther to modify the apparatus, by having but one hinge, and that directly opposite the point of disease. Other changes in the form and bearing of the instrument, which will be obvious to the intelligent practitioner, can easily be made.

Now, let us see how this appliance acts in overcoming the serious difficulties which we meet in the treatment of this disease. The action at the hips and shoulders is evidently directly backward, while at the point of disease it is directly forward. All the points of attachment being unyielding, no force is lost, but it is all exerted in a direction tending to straighten the

spine, and to relieve the pressure at the point of disease, which, we have seen, is *the* indication in all these cases.

I have entered at some length into the description of this mode of treatment of this affection, because I have had the opportunity, during the past two years, of comparing it with other methods, and am fully convinced that it is the best that can be adopted. It cannot be said that it is empirical or routine in character, for the apparatus described can easily, and certainly should, be modified to answer the peculiar requirements of every case.

Gymnastic exercises have been recommended by some surgeons in the treatment of this deformity. I will merely say, that experience has proved that they are not only useless but positively harmful, either alone or in conjunction with mechanical treatment, in that form of curvature resulting from spinal disease. In lateral curvature, depending upon unequal muscular action, debility, etc., localized exercises may effect the happiest results.

During the progress of Pott's Disease, certain consecutive symptoms are liable to occur, which deserve special mention.

First. Paralysis of the lower extremities, resulting, I believe, excepting in very rare instances, from inflammation extending to the membranes of the spinal cord, and sometimes even to the cord itself. That it is not the result of mechanical pressure exerted upon the cord is evident from the fact, that it is scarcely ever observed in advanced cases after ankylosis has taken place, but in recent cases is quite common, and may be the first premonitory sign of the approach of this disease.

Post-mortem examinations reveal the fact, that however extensive the destruction of vertebræ and the resulting deformity may be, the spinal canal is scarcely encroached upon; the canal and foramina giving exit to the spinal nerves being considerably larger than the size of the organs passing through them require; so that I can see but one cause for the paralysis being permanent—which is *very* rarely the case, though it does sometimes occur—and that is, pressure upon the medulla spinalis by an exostosis. An opportunity of testing the truth of this theory has never occurred. A favorable prognosis may always be

given in this form of paralysis. But, though not dangerous, it is liable to recur. Local treatment will scarcely ever be found necessary, perfect rest in bed averting the attack when threatened, or relieving the symptom when present. Paralysis of the upper extremities may occur when the cervical vertebrae are affected.

Second. Malformation of the thorax by the elevation of the ribs and sternum, thereby increasing the width but diminishing the length of that cavity. The intelligent mind will recognize in this change a wise provision of nature, to allow space in which the heart and lungs may perform their respective functions, unimpeded by any mechanical restraint. This apparent deformity will disappear as the posterior curvature is relieved.

Third. Cold abscesses. These may show themselves in the lumbar, iliac, or inguinal regions. When occurring in the last-named situation, they are preceded or accompanied by contractions of the psoas and iliacus internus muscles, and if these contractions are promptly relieved—which may be done, in all cases, by increasing the sustaining force of any apparatus worn by the patient—their formation may be prevented, and the pursuance of the same course will, in some cases, cause the absorption of the matter when abscess has already formed. In whatever situation these abscesses appear, if their absorption cannot be promoted, they should be properly opened at once. If allowed to open themselves, or if the operation be improperly performed, an extensive secreting surface is laid open which will discharge for a long time, seriously impeding the progress of the patient towards recovery. To avoid this result, the abscess should be opened early, and not in its most dependent part, but at the top of the tumor. I mean its top in relation to the axis of the trunk. The operation should be performed with a small trochar, and after the pus is discharged, the tube should be cautiously withdrawn, care being taken to prevent the introduction of air, and a small compress placed over the opening, and fastened down firmly by strips of adhesive plaster applied over the surface in various directions. If the sac thus evacuated fills again, as it sometimes does, it will not be so

large as formerly, and the same process must be repeated until its final disappearance.

Any general constitutional disturbances which may occur during the progress of the disease, must be treated as in other cases.

Epidemic Cholera: Its Pathology and Treatment. By R. DEXTER, M. D., of Chicago, Ill.

If we carefully trace the gradual digression from a truly physiological action through the entire changes of its pathological course, in a typical case of cholera, we shall find about the following order of events:

1. Slight derangement of the alimentary canal, muscular languor and tremulousness, restlessness and headache.
2. An enhanced condition of the preceding phenomena, with abdominal uneasiness, perhaps actual vomiting and purging, tongue coated, cramping in distal and peripheral parts, arrest of secretion of urine, with coldness of surface.
3. Active vomiting, purging of the characteristic rice-water dejection, respiration labored and abridged, excessive and painful cramping of both body and extremities, great coldness of surface, and the pulse variable.
4. Dyspnoea very great, peripheral circulation nearly suspended, venous congestion, labored cardiac action, skin livid, cold and bathed in perspiration, great precordial pain and coldness of respired air.
5. Low, irritative fever, with an irritated and congested condition of one or more vital organs.

Many prominent men claim that the specific action of the poison is upon the capillary circulation, some say pulmonary, others general; to this I must in part disagree. That the capillary system is affected, is unquestionably correct; but it seems to me that there is as much evidence to confirm an opinion that its primary action is upon the nervous, glandular or cellular systems, or that it acts through the blood upon any other system, as upon capillaries alone. Now my belief is, that as soon as any poison has entered the blood, it acts upon

its composition and changes its constituent elements; that it changes the constituent elements of the cells and their contents; that this modifies *absorption* and *secretion*, and thus alters *assimilation* and *excretion*. I also believe that each known hæmatic poison has not only some individual peculiarities but many properties in common with other poisons; and that any morbid agent taken into the blood must be eliminated by some of the emunctories. Some of these have a specific tendency to escape through one eliminating channel rather than through others; and that when one or more of the excretory organs are dormant, a compensating action is established, by which the others eliminate whatever the disabled organs fail to remove.

These principles are as well illustrated and as well settled, in respect of the elimination of poisons, as they are in the more ordinary every-day work of excretion.

I will here cite the action of antimony, and compare it with that of the cholera poison, assuming that they are both taken into the blood slowly, so that the antimony is received into the blood about as cholera poison usually is. Their similar actions are prostration, irritation of the alimentary canal, impaired function of the pneumogastric nerve and other organic nerves, impoverishment of the blood, lowering of animal heat, excessive vomiting and purging, and cold, clammy perspiration.

Bichloride of mercury, in medicinal doses, acts as a laxative, cathartic, eccritic and catalytic hæmatic. It is eliminated by the bowels, liver, kidneys, salivary glands, etc. In poisonous doses, it is a violent irritant and caustic, creating vomiting and purging by its caustic properties.

That there is in cholera an early arrest of functional and capillary action, and consequent elimination, is proved by the following conditions:

1. An arrest of secretion, viz., urine and bile.
2. A gradual subsidence of animal heat.
3. An imperfect aëration of blood.
4. Undue fulness of larger vessels.

For a further confirmation of the preceding principles, the reader is referred to Dr. F. W. Headland's work on the action

of medicines. Judging from the above facts, it seems to me that the indications for treatment are as patent as are the principles of medicine. They are to restore the action of the emunctories, by recalling to the surface the receding capillary circulation. This is to be done by allaying nervous irritation, by artificially restoring animal heat, and by the administration of eliminating medicines. Nervous irritation is probably best allayed by opium, in regular and sustained stimulant doses, until capillary action is provoked. Perhaps the preferable preparations are the tincture and camph. tincture of opium, (if the discharges are excessive,) with acetate of lead and acetate of morphine injections. Probably the best way to restore the animal heat is to completely envelope the patient (except his face) in wet blankets, as hot as can be tolerated.

This combined action will generally suffice to restore normal circulation and elimination; if not, we can resort to the use of the true eliminating medicines.

My selection is usually a mercurial, because it, *per se*, has the very effect we should produce,—cathartic, catalytic and eliminative. But no definite rule can be established as to medicines, as each prescription must be modified by the present and previous conditions of the patient.

Here, perhaps, I should state, that I administer the cathartic as soon as excessive action is checked, and give such other eliminatives as I deem the case requires.

But if the disease has advanced to desperate vomiting, purging and cramping, we should employ our revulsive measures with great activity, allowing ice and cold water internally, with sinapisms to the epigastrium and precordia.

But in a state of collapse, where the watery portion of the blood has been drained away by the excessive evacuations, and where prostration marks every organ of the body, it is my opinion that little can be done except by supplying such nourishment as requires but little digestion, and will serve to sustain vital and recuperative action,—beef essence, fresh milk, coffee or tea, and chicken broth, etc. Chloroform, I think, is contra-indicated by a highly-carbonized condition of the blood, by an

already embarrassed condition of the organic nerves, and by an oppressed condition of the heart and lungs.

Perhaps I ought here to mention some of my reasons for considering the rice-water dejections the result of pressure. The abdominal veins are congested, and with such congestion we always have an aqueous exudation. Anatomically, this is the most copiously exuding surface in the body. Hydrogogue cathartics are probably exuded into the lower portion of the intestines as a result of congestion. Nervous shocks, as fear, cold and the like, produce such action, especially when the kidneys are inactive, as seems to be the case in cholera.

A Case of Dry Gangrene of the Leg, caused by Obstruction of the Common Femoral Artery—Amputation at the Middle Third of the Thigh—Recovery. By J. W. FREER, M. D., Prof. of Phys. and Surg. Anat., Rush Med. College.

Mr. B—, aged about 55, a robust farmer, received a kick in the groin from an unshod horse, on the 22d of April, 1866. At the time he did not consider himself seriously injured. The following quotation from a letter, written by the attending physician—Dr. Jas. B. Hawks, of Dunton, Ill.—sets forth very plainly the subsequent symptoms and results of the injury: "The foot commenced being cold the same day of the injury, and on the third day some blueish lines were observable. These gradually increased until the end of a week, when the toes had become gangrenous. Up to the third day I could detect feeble circulation in the femoral artery. At the seat of injury he did not complain of pain, and there was very little soreness. There was great difficulty in passing urine from the first to the present time—requiring the use of the catheter. The first three or four days, he could get out and in bed without assistance, and could bear his weight on the injured limb. The condition of things grew gradually worse until the time you were called."

At this time—the 9th of May—the leg was gangrenous to within about four inches of the knee. The tissues were more completely desiccated than I had ever before observed in similar

cases. The general condition of the patient was very good. No symptoms of septæmia—no marked depression of the vital forces. Under these favorable circumstances, after consultation with Drs. Hawks and Hoffman, immediate amputation was considered advisable. The result was good, the stump having healed quickly and kindly.

Remarks.—The prominent question in this case is respecting the nature of the lesion which caused the obstruction of the femoral artery. There was no evidence of valvular disease of the heart, therefore Virchow's doctrine of disengaged fibrinous concretions floating here and there until finally arrested, as in "embolia," does not apply in this case. One can hardly conceive that a healthy artery could have been injured by a blow so slight as not to cause ecchymosis of the skin, or any apparent lesion of the soft parts; therefore, I am led to adopt the view of a condition of degeneration of the arterial walls at this point, serving to make the vessel friable, and that, in consequence, there was rupture of the internal coats, causing sufficient roughness to induce the formation of a coagulum. I have since been informed that the circulation has been re-established in the injured artery.

Mr. Rose, in the London *Lancet*, 1864, p. 60, mentions a case of embolism of the popliteal artery, following a long and fatiguing walk, which resulted in gangrene—but there was post-mortem evidence of fibrinous vegetations on the mitral valves of the heart.

There are two other cases mentioned in the *Lancet*, vol. 2, p. 228, of embolism of the femoral artery, but in each case there was heart disease with fibrous concretions on the valves.

From the length of time before complete occlusion of the vessel, (three days,) it would seem that the clot or fibrinous mass was not perfectly formed until the expiration of that time; and now that the circulation is re-established, it must have been either removed to some other part, or liquefaction must have taken place, and the dissolved particles carried into the general circulation. The latter is rather improbable.

Surgical Cases. By GEO. K. AMERMAN, Attending Surgeon to Cook County Hospital, Chicago.

CASE I. DOUBLE AMPUTATION FOR RAILROAD INJURY—PATIENT SITTING UP ON THE SEVENTEENTH DAY—DISCHARGED CURED ON THE FORTY-SECOND DAY.

On Friday, April 13th, 1866, Mr. H., a drover of this city, was accidentally run over by the cars. He was immediately carried to his hotel, and I saw him in less than an hour after the accident occurred. He was a large muscular man, 37 years old, of perfectly temperate habits, and had never been sick enough to require a physician in his life. The injury was entirely confined to his feet and legs. The left foot, ankle and lower third of the leg were crushed into one mass. The right ankle and lower third of the right leg were in the same condition. The right foot uninjured. There was scarcely any hemorrhage, and only a very moderate shock to the nervous system.

From the nature and extent of the injury, it was impossible to save either limb, and although double primary amputation gave very little hope of recovery, it being the patient's only chance, he readily assented to have the operation performed.

After a delay of about three hours, arranging preliminaries and waiting for reaction, the patient was fully etherized by Dr. Hutchinson, House Physician to Cook County Hospital, and with the assistance of Drs. Bingham and Marguerat, of this city, both legs were amputated by the double-flap method, about three inches below the knee-joint. Very little blood, not over four ounces, was lost during both operations. Simple dressings—sutures, a compress and roller—were applied, and the stumps so arranged on a pillow, that cold water could be showered over them without soiling the bed. Ordered morphia, sufficient to procure rest, and cold water to be applied when the parts became hot and painful.

April 14th. Patient has been quite comfortable since the operation. Slept some last night. Has very little pain. Pulse 108. Continue anodyne and cold water dressings.

April 18th. Not a single unfavorable symptom from the first. Pulse 106. Reapplied dressings for the first time. Both

stumps looking well and partly united by adhesion. Discontinue cold water dressings, anodyne as usual.

May 1st. Seventeenth day. Found the patient sitting up, and says he feels as well as ever. Pulse 96. Appetite good, bowels regular, and sleeps well at night.

No treatment, except to dress the limbs every second day. Only a part of either wound healed by first intention. The remainder is granulating finely.

May 25th. Forty-second day after the operation. Patient entirely well and attending to business.

Remarks.—The favorable termination in the above case renders it one of very great interest. Such a result was wholly unexpected, and so far as my own experience and knowledge on this subject extend, it is the only successful case of double primary amputation for railroad injury on record. Several years ago, I performed the same operation under similar circumstances, but the patient only survived twenty-four hours.

This unexpected result depended mainly upon the condition of the patient at the time of the operation and his previous habits. He was 37 years old, and had never been sick a day in his life—was perfectly temperate, never drank a glass of liquor, and very rarely a cup of coffee or tea, and all his habits of life were regular and favorable to perfect health. All this exerted a powerful, and no doubt the chief, influence in his recovery, but it also depended in some degree, we believe, upon the operation and subsequent treatment. In our own mind, three circumstances attending the operation contributed to its success. First—waiting until reaction was fully established. This we conceive to be of the very first importance, and too often overlooked in our anxiety to relieve our patient and get rid of mangled and unsightly parts. Second—the small amount of blood lost during the operation. This, too, is all important, and should be carefully attended to in every case. Take time to apply the tourniquet accurately and effectually, first elevating the limb that the venous blood may empty into the large abdominal trunks, and every ounce of blood saved will help your patient in his recovery. And lastly—the removal of all muscular and tendinous tissue from the flaps, forming them entirely

of skin and subcutaneous cellular tissue. This procedure greatly diminishes the subsequent suppuration and perhaps the twitchings and unpleasant motions of the stump. A matter like this seems of very trivial importance, and yet it is by attending to the "little things" that we shall achieve our greatest success.

In the subsequent treatment, two circumstances contributed to the successful result. First—an abundance of fresh air. The room was kept open, and a current of air passed through it day and night. And second—opiates sufficient to relieve pain and procure rest. Whenever the patient began to complain of pain, and became restless and uneasy, opium was given at once, and enough to make him quiet. It seemed to have a most beneficial effect and contributed greatly to his recovery.

CASE II. EXCISIONS OF THE SHAFT OF THE HUMERUS—DELIRIUM TREMENS—RECOVERY WITH A USEFUL ARM.

On Sunday, August 13, 1865, Mr. H., a large healthy German, was shot in a row. The ball entered the left arm at about its middle, anteriorly, and passing through the humerus, made its exit directly opposite, posteriorly. The soft parts were immensely swollen when I saw him the day after the injury, and presented a dark livid appearance. The humerus was extensively fractured and comminuted. The vessels and nerves apparently uninjured.

The age of the patient, his general good health, and the apparent safety of the vessels and nerves, decided the operation of excision in preference to amputation, and with the assistance of Drs. Bogue and Smith, of the Hospital staff, the patient was anæsthetised, and about four inches of the middle of the shaft of the humerus, together with all loose fragments, were removed. The wound was closed with interrupted sutures, the arm laid on a pillow, temporarily, and cold water dressings constantly applied.

August 15. Patient restless and unable to sleep—thirst—no appetite. Pulse 120. Arm looking well, but immensely swollen. Began to fear delirium tremens, as the patient had been on a spree for the last three weeks, and at once ordered opium in large doses.

10 P. M. Patient perfectly uncontrollable, removing every

particle of dressing from the arm, getting up and swinging it over his head, declaring there is nothing the matter with him. The symptoms were all decidedly unfavorable. Pulse feeble and too rapid to count. Countenance haggard and sallow. Ordered opium, grs. iij. every hour, given in lager beer to get it down.

August 16, 8 A. M. Patient sleeping quietly and sweating profusely. Pulse 110. Placed the arm in an angular splint and reapplied cold water dressings. Ordered nourishment and quinine.

August 22. Doing well. Appetite good. Pulse 90. Sleeps well, and every symptom favorable. Wound granulating and closing nicely.

September 2. A small piece of bone came away with the discharges this morning.

October 16. Wound entirely healed, and considerable formation of new bone. From this time onward, the case progressed without an unfavorable symptom. The arm became stronger, daily, and about the first of November, three months after the operation, all dressings were removed, and the patient advised to begin its moderate use.

June 1st, 1866. Patient able to attend to business, and has very good use of the arm. The result was not quite as favorable as anticipated, on account of a second row he indulged in—refracturing the bone soon after the union became firm.

Remarks.—The interesting feature connected with the above case, is the favorable result, notwithstanding all the untoward circumstances attending the after treatment. The operation of excision in the continuity of the long bones of the extremities, is still of rather doubtful expediency; and every case, whether successful or not, will be important to aid in deciding between excision and amputation.

In the Reports of the Surgeon General of the U. S. A., the total number of cases of excision of the shaft of the humerus was 261, of which 42 died, 133 recovered, 7 were subsequently amputated, and in 79 the result was undetermined. The Surgeon General remarks, that "after excisions of portions of the shaft of the humerus for gunshot fractures, a number of patients have certainly obtained very useful limbs. But the mortality

after the operation is three per cent. greater than after amputations of the arm. The 52 preparations at the Army Medical Museum, illustrating this resection, indicate the frequency with which it is followed by secondary amputation or a fatal result."

HOSPITAL REPORTS.

Cook County Hospital Surgical Clinics. By R.G. BOGUE, M.D.,
Attending Surgeon to the Hospital.

CASE I. FROST-BITE OF THE EXTREMITIES—AMPUTATION OF THE
HAND AND THE FOOT—RECOVERY.

February 10th, 1866.

GENTLEMEN,—The case we show you to-day is one of gangrene of the foot and hand resulting from frost-bite. The House Surgeon, Dr. Quales, will read his notes of the case :

Edward McGeary, aged 26, late from the army, where he lost his right leg, was admitted January 20th, 1866. On the morning of admission, he was found in an alley, insensible, stiffened from cold, having been exposed probably during the greater part of the night.

When admitted, he was insensible. His jaws were firmly set. Right thigh off, about four inches above the knee. Left foot and both hands rigidly frozen. Respiration 12 per minute. Pulse imperceptible. Heart's action very feeble.

Treatment.—The frozen extremities were placed in cold water. Friction was applied steadily. Brandy was administered internally, with some difficulty, however, on account of his teeth being firmly clenched. As soon as the frozen limbs were thawed, he was removed to a warm room. Dry friction was applied continually to the whole body; stimulants were administered internally. After a lapse of about three hours, during which time friction and warmth were constantly applied, he evinced signs of returning consciousness. He finally recovered so as to articulate coherently. The frozen extremities were now enveloped in cotton, and were covered with oiled silk. Milk-punch and beef-tea.

Progress of the Case.—Jan. 21. Very restless during the night; suffers intense pain; pulse 100 per minute; feeble respiration, 20 per minute; stomach very irritable; ejected even small quantities of cold water. Ordered to take morph. sulph.

gr. $\frac{1}{4}$ every four hours. Milk-punch, \mathfrak{z} i. every two hours, also beef-tea.

Jan. 22. Vomiting ceased. Rested pretty well during the night. No appetite; complains of great pain. Ordered quin. sulph. gr. i., pulv. opii, gr. $\frac{1}{2}$, every four hours. Continue milk-punch and beef-tea.

Jan. 26. Frozen parts commenced sloughing. A poultice was substituted for the previous dressing. Ordered to take quin. sulph. grs. ii. and tinct. ferri chlorid. gtt. x. thrice daily. Bowels not having moved for two days, he was ordered to take ol. ricini, \mathfrak{z} ss. at bedtime.

Feb. 3. Line of demarkation very distinct. On the left hand, the sloughing involves all the fingers extending on the palmar surface as high as a line corresponding with the junction of the lower and middle third of the metatarsal bones; posteriorly, it involves the whole of the dorsum as far as the carpal articulation. On the right hand there is no sloughing, only superficial abrasions over the finger-joints and around the nails. There is considerable numbness, however, and very limited flexor and extensory power. On the foot, the sloughing involves the toes and the tissues as far as the lower half of the metatarsal bones.

The effect of excessive cold applied to a part, is to impair or destroy its vitality. Where the degree of cold is not too great, the vitality is impaired; the part is debilitated; a state of chronic congestion is established, so that the limb is affected by even a moderate degree of cold; leaving it in the condition of *pernio* or chilblain. In cases where the cold has been more severe, superficial sloughing is the result, producing ulcers which are slow to heal. Again, the cold may be so severe, and may be applied for so long a time, that all the tissues are destroyed, and extensive sloughing follows. The amount of sloughing often depends upon the mode of treatment adopted. If reaction is very gradual, many of the evil consequences may be avoided; but if it is allowed to progress rapidly, inflammation will be excessive, and the sloughing will be extensive, involving, as in this case, nearly the whole hand or foot, or even an entire limb.

The parts most liable to frost-bite are the parts most distant from the centre of circulation, viz., the toes and feet, fingers and hands, the ears and the nose.

At first, while the part is frozen and stiff, snow, or water made cold by the addition of snow or ice, should be applied to retard reaction. When reaction is established, simple, cool anodyne dressings should be used—cool water, with tr. opii, ℥j. to the pint. After a few days, if the danger of sloughing is past, moderately stimulating applications may be employed; *e. g.*, tr. iodini, ℥j., aquæ, ℥iv. — on an aqueous solution of iodine and iodide of potassium—grs. ij. or iij. of the former and grs. x. of the latter to the ℥ of water. Either of these may be painted on the part two or three times a day until it has recovered. When the effect of the cold is more profound, and there is to be sloughing, it is better to apply a poultice to favor the recuperation of the dead tissues. These applications may be rendered antiseptic by the addition of yeast or pulverized charcoal or the liquor sodæ chlorinatæ. Their use must be continued until a line of demarkation separates the gangrenous portion from the healthy. The proper time for amputation has then arrived.

This patient has already lost one limb above the knee, from a gunshot injury, therefore it is desirable to save for him a part of the remaining foot if possible. If the state of the tissues allowed, we would leave him the stump of Chopart's amputation. Syme's amputation through the ankle-joint is inadmissible, on account of the slough upon the heel. We must go above the ankle. The condition of the hand is such, that it will be necessary to remove the whole member.

[After the administration of ether, the hand was removed by a cut through the lower third of the forearm, making anterior and posterior flaps. On examination of the foot, pus was found burrowing along the sheaths of the tendons and under the plantar fascia to such an extent, that a proper flap could not be made for Chopart's operation. Lenoir's operation was performed above the ankle, making anterior and posterior flaps, and removing the malleoli, with the articulating surface of the tibia, about the same as in Syme's operation at the ankle-joint. The arteries in both stumps were ligated; the flaps were adjusted with interrupted sutures, and cold water dressings applied. Reaction occurred favorably, and the patient made

a perfect recovery, the stumps healing by granulation, and being cicatrized, March 20th.]

CASE II. FROST-BITE OF BOTH FEET—DOUBLE AMPUTATION—
OSTEO-MYELITIS—DEATH.

March 23d, 1866.

After the House Surgeon has related the history of the footless cadaver before you, we will examine the condition of the stumps of the limbs upon which you saw me operate three weeks ago, and I will contrast the case with the subject of our previous operation.

John Galvia, aged 28, admitted February 21st, 1866, states that about five years ago he received a gunshot wound in the right hip, causing him considerable injury; but, after suffering for eight months, he recovered with but little shortening of the limb. Two years subsequently he was run over by a wagon, injuring the same limb and producing compound fracture of its femur; but, with careful treatment, at the expiration of ten months, he again recovered with the loss of several pieces of the bone and with eight inches shortening. He also states that four days previous to admission, while coming from the country to the city, he froze his feet.

Symptoms on Admission.—Physical powers somewhat depressed by recent dissipation and exposure. Right leg eight and a half inches shorter than the left. Both feet recently frozen; inflamed and swollen. Pulse, 95 per minute. Appetite good.

Treatment.—Cold water dressings to the feet, with an anodyne at night.

Progress of the Case.—February 25th. Inflammation somewhat subsided. Ordered warm poultices to the feet, and quin. sulph. \mathfrak{z} i. ss., tinct. ferri mur. \mathfrak{z} ii., aqua \mathfrak{z} ii. M. S. Give \mathfrak{z} ii. three times per diem.

March 1st, 1866. Line of demarkation fully defined: on the left foot, at the junction of the lower with the middle third of the metatarsal bones, and on the right, extending on the dorsum of the foot to the tarso-metatarsal joints, including also the heel and plantar surface.

Operation.—March 2d. Dr. R. G. Bogue performed Chopart's operation on the left foot, but on the right limb was compelled to amputate through the tibia and fibula at their lower third.

Progress of the Case.—March 3d. Continue tonics, quiniæ sulph. and tinct. ferri chlor. Anodynes were administered last

night, but failed to induce sleep. Flaps looking well. Ate breakfast with relish.

March 8th. Flaps healed partially by immediate union, with comparatively little suppuration or inflammation, but complains of intense pain to-day in the right leg.

March 12th. Had a rigor during the night. Stumps have nearly ceased suppurating. Pulse weak and accelerated; 105 per minute. Brandy, $\mathfrak{z}\text{i}$. every four hours.

March 15th. Seeming better. Ordered to continue tonics, stimulants and extra diet. Bowels being constipated, gave the following: Extract colocynth. comp., ext. taraxaci, aa. $\mathfrak{z}\text{i}$., ext. hyosciam. grs. x. Misce. F. pil. No. x. S. Give one night and morning.

March 18th. Patient presents every symptom of pyæmia, with occasional delirium. R. Sodæ sulphis. grs. v. every four hours, in solution; also, quin. sulph. grs. x., ext. hyosciam. grs. v. M. F. pil. No. x. Give one every four hours, alternated with the soda; also, milk-punch, $\mathfrak{z}\text{viii}$. thrice daily. Continue beef-tea; omit quiniæ and iron.

March 19th. R. Quiniæ sulph., ammon. carbon. aa. grs. v. every four hours. Cont. soda and stimulants.

March 21st. Comatose. Involuntary evacuations. The discharge from the stumps is dark-colored and ichorous.

March 22d. Continued perfectly comatose, and succumbed at 6 o'clock P. M.

The body is greatly emaciated, and of a sallow hue. On opening the thorax, the heart is found normal. On the anterior surface of the inferior lobe of the right lung, there are signs of recent inflammation and exudation. There are no abnormal appearances in the stomach or intestines. Both kidneys and the liver exhibit well-marked fatty degeneration.

On laying open the flaps of the right stump, you see incipient caries of the tibia and the fibula; also that protrusion of the medullary membrane and medulla, which is caused by osteomyelitis. In the left stump there is erosion of the anterior surfaces of the os calcis and astragalus; also numerous abscesses and burrowing sinuses within the flap. The margin of the right acetabulum is almost wholly absorbed. The cotyloid cavity is very shallow, and the head of the femur is partially distorted. Pus exists within the capsular ligament, but is probably not of recent deposit.

The condition of the stumps was more favorable in this case than in the case of McGeary. They united by adhesion through the greater portion of their extent. There was but little swelling or soreness until the fifth day, when the patient experienced excessive pain and soreness, with some swelling of the stump of the leg, extending to the knee. This subsided in the course of three or four days, under the use of warm fomentations.

In the first case, about one-third of the posterior flap sloughed, and there was some inflammation of the flaps of the forearm; yet these eventually did well, the patient making a good recovery; while, in the present instance, there was pyæmia with all its fatal consequences.

The occurrence of osteo-myelitis in the second case, may account for the development of the pyæmia. It is certain that its appearance in any case is a very unfavorable omen. Whether this precedes the blood-poisoning or follows it, is not certain:—it occurs early, in some cases, after operation; certainly, before any signs of blood-poisoning show themselves. In this case, it probably commenced when inflammation appeared in the stump. This condition of the ends of the bones and the medullary canal could not be determined at that time—not until a few days before the death of the patient, when the flaps separated at the internal commissure, revealing the necrosed end of the tibia, and the border of the myelitic mass protruding from the medullary cavity of the bone. Before that time, the flaps were united along their whole border.

If this disease is peculiarly favorable to the development of pyæmia, it would be justifiable to modify our operations so as to avoid if possible its occurrence. This may be done by amputating through the joints, or through the ends of the long bones, avoiding the medullary canal. I believe this may be done, in the leg particularly, leaving just as serviceable a stump as by cutting through the shaft, if we perform Lenoir's amputation at the ankle; or, where this cannot be done, by sacrificing the limb near enough to the knee, to avoid the canal of the tibia. In the thigh, wherever it is possible, by cutting through the condyles of the femur, or sufficiently near to avoid its canal.

I believe the frequent occurrence of this disease will eventually influence surgeons in their selection of the point of operation, and will lead them to avoid as far as possible all amputations involving the medullary canal of any of the long bones.

BOSTON CORRESPONDENCE.

THE AMERICAN OPHTHALMOLOGICAL SOCIETY.

Boston, June 19, 1866.

The habits of life, formed during a vacation spent in visiting the friends and scenes of one's early days, are not conducive to mental effort, even to the extent of writing a letter.

My interest, however, in the meetings of the American Ophthalmological Society, which have just been held in this city, and the thought that a short account of them might be acceptable to the readers of the Journal, have induced me to take the pen for the moment.

The opening meeting of the society was held at the Massachusetts Charitable Eye and Ear Infirmary, Tuesday, June 12th. Twenty-two members were present, all specially interested in ophthalmology, from Boston, New York, Philadelphia, Baltimore, Albany, Cincinnati and Chicago.

The Chairman of the society was the venerable Edward Delafield, M. D., who, fifty years ago, commenced with great enthusiasm the study of ophthalmology, and at that early period devoted much of his energies to the establishment of the Charitable Eye Infirmary in New York, now one of the most important charities of the city.

Undoubtedly, the presence of such a chairman enhanced the dignity with which the discussions were conducted. The society has been most fortunate in securing a president so full of wisdom, so aged, and yet so full of vigor and interest for the welfare of the society and the cultivation of ophthalmology in America.

The proceedings will soon be published, when you can select for your readers such articles as may seem of particular interest.

I am confident the annual meetings of this association will directly and indirectly accomplish much good. There will be no small advantage and pleasure enjoyed by each member in becoming personally acquainted with educated men from different cities of the Union, devoted to the study of ophthalmic medicine and surgery.

The interchange of views, and the history of different personal experiences, cannot be without profit. The association must inevitably exert also a good influence upon the medical profession at large—must tend to increase interest in the culture of ophthalmology, and remove the prejudice against professed oculists, even now existing to a certain extent in the profession.

Judging from what I heard at the sessions, at the social gatherings, and in private conversation with individuals, I believe the members, perhaps without exception, are determined by their devotion to the study of their specialty, by scrupulously avoiding even the appearance of charlatanry, to command the best respect of the whole profession of medicine. I think advertisements in medical journals will be wholly discontinued by all members of the society. There is, in fact, almost an unanimous disposition to frown upon the slightest infringement on the spirit as well as the letter of the code of ethics.

It is certainly very unjust for the profession to hold specialists responsible for the acts of men who practice them unworthily—as unjust as it would be for the public to hold the medical profession responsible for every kind of quackery.

Oculists are undoubtedly inclined to be enthusiastic—possibly sometimes too enthusiastic in their estimation of the relative importance of their special department. But when we consider the incalculable value of the organ they endeavor to preserve, and look upon the splendid discoveries of the ophthalmoscope and of the operation of iridectomy; when we study the truths but recently established, respecting the function of accommodation of vision at different distances and its anomalies—the physiology of the oblique muscles, and the modifications in several important operations—we can overlook this weakness, if weakness it is.

And the oculist may be excused for pointing with pride to the many names which have honored his specialty, to the character of the ophthalmological societies in other countries, and of the papers which their members have produced, to the standard works upon diseases of the eye, and to the great merit of the periodicals devoted to the interests of ophthalmic science.

The social features of the convention should not be forgotten.

Dr. J. H. Dix, one of the oldest oculists in the city of Boston, gave an evening entertainment at his residence, not only to the members of the society, but also to many distinguished physicians of Boston and its vicinity.

Everything that could please, was afforded the guests of the evening—most delightful music, exquisite flowers in profusion, a table richly loaded with all that taste could suggest, and an opportunity for familiar conversation with many of the best minds in the profession.

On the following evening, the members of the society residing in Boston, gave a splendid banquet at the Parker House, at which only members of the society were present.

Beautiful flowers, elegant dishes of every kind, with delicate fruits in superabundance, and arranged in perfect taste, left nothing for the eye or appetite to desire. After all material wants, stimulated by the tempting delicacies of the table, had been more than satisfied, a couple of hours were passed in pleasant exchange of sentiment and good wishes.

You can be assured we all left Boston pleased with the success of our meeting, and grateful to our friends for their most successful efforts to entertain us.

The next meeting of the society will be held at Niagara, in June of 1867.

E. L. H.

PROCEEDINGS OF MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY.

During the past month the weekly meetings of the society have given place to a monthly session, according to the time-honored usages appropriate to the heated term of summer. Our report must, therefore, be rather meagre.

RETENTION OF THE MENSES.

Dr. Orrin Smith reported the case of a married woman who, for two years, had retained her catamenia. The menses occurred regularly every month, and the abdomen was much enlarged. The speculum showed that the os uteri was closed by adhesion of the lips. The patient had been under treatment for ulceration of the os and cervix previous to the commencement of retention. Dr. S. proceeded to relieve the patient by forcing a bougie through the cicatrix. The uterine cavity was entered without difficulty, and several pints of dark, grumous fluid were withdrawn. With appropriate treatment the woman recovered, and is now menstruating in a normal manner.

NEW APPARATUS.

Dr. Holmes exhibited and explained several varieties of spray producing instruments, or, as they are sometimes called, atomizers or pulverizers; also the instrument for producing local anæsthesia by freezing, and the apparatus for irrigating the nasal cavities with medicated fluids.

The essential portion of nearly all instruments for producing spray consists in a simple arrangement of two small tubes, (Bergson's Atomizing Tubes,) each terminating at one end in a very minute opening. These tubes are united at right angles with each other, the minute openings being in close juxtaposition. If one of these tubes be dipped in any thin fluid, and a current of air or steam (fig. 1) forced through the other, the fluid will be drawn up the first tube and carried in a jet of fine spray by the air or steam passing from the other tube.

Any soluble medicament can thus be carried in the spray

either by inhalation or by the *direct* force of the lungs, fauces or nasal cavities.

This manner of applying astringents and other medicinal agents to the mucous membranes of the air passages has been found by experience not only very convenient but attended with most beneficial results. In cases requiring the use of simple vapor, or that impregnated with lime, as for croup and diphtheria, some form of spray producer will be found convenient, since it can be readily put in operation under a suitable covering thrown over the patient's bed. The instruments may also be used for the diffusion of perfumes and disinfectants in the sick chamber.

One of the most simple and convenient forms of apparatus for inhalation is, perhaps, that (fig. 2) devised by Dr. W. K. Oliver, of Boston, who has devoted much attention to the study and treatment of diseases of the air passages. It consists of a kind of double-mouthed bottle, which contains the spray-producing tubes, the medicated fluid being placed at the bottom of the bottle. The spray is produced by forcing air through the tube by means of pressure of the hand upon a hollow india-rubber ball, as in a well known form of syringe.

The spray is formed within the bottle; on applying the mouth to one of the openings, the vapor is inhaled as rapidly as produced.

A very small form of atomizer may be used for producing a kind of douche for the eye, or, in fact, for any of the purposes just mentioned.

The freezer (fig. 3) consists of metallic tubes, constructed upon the same principles as the tubes, already described. The most suitable fluids from which the spray may be produced have been found to be either sulphuric æther or rhigolene. This last is a hydro-carbon, with a specific gravity of .625, boils at 70° Fahrenheit, and is the lightest known fluid. It is nearly identical with kerosolene, an efficient anæsthetic, as some four members can testify by actual personal experience, some years since.

The spray of æther or rhigolene from the point of this instrument, held near any portion of the body, will speedily produce

congelation and anæsthesia, as may be seen by the blanched appearance and by the insensibility on incising the part. This has been shown to be applicable in many of the minor but painful operations. No inflammatory action has been observed to take place in the tissues subjected to the influence of these agents.

[Through the kindness of Messrs. Codman & Shurtleff, of Boston, and a friend, who recently visited that city, we are able to present our readers with the following excellent diagrams and descriptions of the instruments above mentioned:]



Fig. 1.

Figure 1, Steam Atomizing Apparatus.—This consists of a

Boiler, in which steam is generated by flame of lamp J. J, Lamp, provided with tube for graduating flame for much or little heat. K, Safety valve, graduating to high or low pressure. By unscrewing the valve tube from its position, the boiler may be supplied with water

without disturbing the atomizing tubes. L, Milled button or top. Between this and a suitable projection or shelf within the neck of the boiler, is secured the packing of rubber through which the atomizing tube passes—air and steam tight. M, Wood ferrule to protect the hand from heat in removing the boiler and tubes for the purpose of changing the medicament. N, The atomizing tubes. O, Cup in which the medicament is placed. P, Shield for protecting the patient's face from unpleasant contact with the medicated vapors. Q, Joint allowing the shield to be moved to, and retained at, any necessary deviation from a horizontal position. R, Sliding staff regulating the height of the shield. By means of the joint Q and the sliding staff, the shield may be adjusted for use by adults or by children. Its advantages over all the Air Apparatus are:

1st. That being self-acting, it produces an even and continuous flow of spray without inconvenience or labor.

2d. The warmth of the spray produced by it is often an advantage.



Fig. 2.

Fig. 2 represents Oliver's *Atomizer and Inhaler*. A, Elastic Bulb with Valves, serving as a bellows to produce the spray within the jar. B, The Bergson Atomizing Tubes, the upright arm being formed in part by a rubber tube, which dips into the medicament placed in the bottom of the jar. C, Opening for the admission of air. The advantages of Dr. Oliver's instrument over all other hand instruments, consists in this :

1st. That the receptacle for the medicament and the shield for the protection of the face are united in one piece.

2d. That none but the finest of the particles of spray are inhaled.

3d. That the Bergson tubes being within the jar, are protected from injury.



Fig. 3.

Fig. 3, Freezing Apparatus for producing Local Anæsthesia.—This form of apparatus is all that is required for producing Local Anæsthesia by freezing with Ether, as employed by Dr. Richardson, of London, or with Rhigolene, as described by Dr. H. J. Bigelow, of Boston, in the *Boston Medical and*

Surgical Journal of April 19th, 1866.

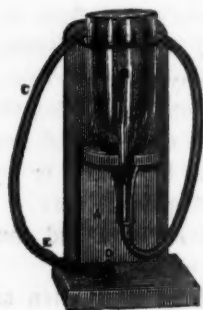


Fig. 4.

Fig. 4.—A form of *Nasal Douche* for the treatment of diseases of the nasal passages, as described by Prof. Thudichum. A, Black Walnut Stand. B, Conical Reservoir. C, Leading Tube. D, Nozzle. E, Joint. F, Ring, hinged to stand to support the Reservoir.

In using this kind of Douche, the Reservoir is placed higher than the head, and the rubber tube is grasped near the nozzle, between the thumb and finger, so as to con-

trol the current. The nozzle is then depressed enough to allow a little of the liquid to escape, thereby expelling air from the tube. It is then pressed gently into the nostril, and the grasp slightly relaxed, when the current will enter and fill the whole cavity of the nose and escape by the opposite nostril, the head at this time being thrown slightly forward over a basin, and the mouth kept open.

These instruments, with pure rhigolene, s. gravity, .625, as also pamphlets describing their use, with papers by distinguished medical men on this mode of treating certain diseases, may be obtained on application to Messrs. Codman & Shurtleff, 13 & 15 Tremont street, Boston, or to their agents, Messrs. Bliss & Sharp, Druggists and Apothecaries, 144 Lake street, Chicago.

ROCK RIVER UNION MEDICAL SOCIETY.

The physicians of Lee, Ogle and Whiteside counties met at Morrison, Ill., on Wednesday, June 13th, 1866. The meeting was called to order by the President, Dr. H. Utley. The minutes of the last meeting were read and approved. Drs. D. H. Law, of Dixon, and J. H. Page, of Como, were elected members. Dr. H. E. Dykeman was invited to participate in the proceedings of the society, and to be considered a member on presenting his credentials to the Board of Censors. The Treasurer reported the current expenses of the society all paid and seventy-five cents in the treasury.

Dr. G. A. Bardwell reported a case of cerebro-spinal meningitis in a young lady. The Doctor reported the case because of its presenting one peculiarity, viz., loss of vision in one eye, and a distinct milky appearance of the pupil of that eye.

The disease having prevailed as an epidemic during the past two years in several localities in this region, and many of the members present having been called to treat cases of the same, quite a lengthy discussion of the subject occurred.

On motion, the following resolution was unanimously adopted, viz :

Resolved, That as Dr. D. C. Gould, of Sterling, Ill., who claims to be a "regular physician," and who made application

to become a member of this society, but failed to present his credentials or diploma, and has recently claimed to have discovered a specific for the cholera, which he advertises as worthy of approval by the medical profession, and which he is selling to the people, we take this occasion to state, that we, as a profession and as individuals, do not endorse the course pursued by him, and we regard his so-called specific, a humbug, and himself an impostor.

As officers for the ensuing year, the society elected Dr. G. A. Bardwell, President, Dr. M. M. Royer, Vice-President, and Dr. H. C. Donaldson, Secretary and Treasurer.

Adjourned to meet at Sterling, on Wednesday, the 5th day of December next.

H. UTLEY, M. D., *President.*
H. C. DONALDSON, M. D., *Sec.*

Morrison, Ill., June 25, 1866.

MORGAN COUNTY MEDICAL SOCIETY.

JACKSONVILLE, ILL., May 17, 1866.

The Morgan County Medical Society met at the Court House at 2 o'clock P. M., pursuant to adjournment. The President being in the chair, the minutes of the previous meeting were read and approved.

The President announced the report of the committee on the Constitution to be in order, which was accordingly read by the Secretary.

Dr. Askew nominated Dr. McVey, of Waverley, for President the ensuing year, which being put to the house by the Secretary, was carried by unanimous vote.

On motion of Dr. Stephenson, Dr. J. P. Johnson, of Lynnaville, was elected Vice-President.

On motion of Dr. Edgar, Dr. Bibb was chosen Secretary by a unanimous vote.

Dr. J. Craig, of Arcadia, having been nominated for Treasurer, was elected by unanimous vote.

The following gentlemen were elected as Examining Committee: Drs. W. S. Edgar, D. Prince, Henry Jones, C. Fisher and J. Askew.

The President announced the next order of business to be the reading of an essay by Dr. Henry Jones, on Asiatic Cholera. The Doctor having seated himself at the desk, commenced to read his manuscript at the forty-ninth page, (fearing that there would not be time to read all.) He was listened to with marked attention and interest to the conclusion, nearly two hours.

On motion of Dr. Prince, it was resolved that Dr. Jones be solicited to furnish a copy of his dissertation to some medical journal for publication. The thanks of the society were tendered to Dr. Jones for his very able and instructive essay.

On motion of Dr. Edgar, it was resolved to make Asiatic Cholera the subject of general debate at the next meeting of the society. Dr. Prince suggested that Dr. Edgar open that discussion.

On motion, it was resolved that the next meeting of the society should take place at 10 o'clock A. M., in this place, on the second Tuesday in June, to which time the society adjourned.

R. E. McVEY, M. D., *Pres't.*
G. R. BIBB, M. D., *Sec'y.*

MILITARY TRACT MEDICAL ASSOCIATION.

The leading physicians of the counties of Bureau, Henry, Knox and Stark, Illinois, met at Kewanee, May 22d, 1866, and organized a district association, designated the Military Tract Medical Association. The following gentlemen were elected officers of the society:

President—A. H. Thompson, M. D., Princeton.

Vice-President—H. Nance, M. D., Kewanee.

Secretary and Treasurer—G. H. Scott, M. D., Kewanee.

Censors—N. Holton, M. D., Buda; Jno. M. Morse, M. D., Galesburg; V. C. Secord, M. D., Galva.

Adjourned to meet in Galesburg, on the second Tuesday in December.

SELECTED ARTICLES.

We have noticed of late a disposition in certain medical gentlemen to court notoriety in a way that strikes us as not only very unprofessional but in very bad taste. We now not unfrequently see a notice of a "very difficult and dangerous operation," performed by a very skilful Surgeon A; of a very learned and scientific lecture on some rare (?) form of disease, by Dr. B; of some astonishing recovery brought about by the assiduous attentions of the eminent Dr. C; and we cannot make ourselves believe that such reports can find their way to the public without the knowledge of the principals. The extent to which this system is now being carried on is shameful, and deserves the serious attention of some Committee on Medical Ethics. It may, perhaps, be that the public are particularly anxious to know of the exploits of Dr. A., the views of Dr. B., and the success of Dr. C.; but it does seem strange that some of the doings of *our really substantial* men are not alike so faithfully and regularly reported.

The anxiety of the public to know something of cholera has tempted many an otherwise prudent man into the indiscretion of addressing a letter on the subject to some of our leading papers. There would be some shadow of an excuse for this if these gentlemen could be considered authorities in the matter; but, unfortunately for us, their ideas are crude in the extreme, and while they may tend to glorify the writer, inevitably stultify the profession. If the public desire to have any authoritative opinions concerning this disease, they can appeal to the Health Board and be satisfied; it is the duty of this body to minister to the wants of the community in this respect; and, so far as we can see, they do their duty.

Medical men occupying public offices have a right to address the public, to whom they are expected to give an account of themselves; there may be instances too, where late incumbents may, from necessity, rush into print to defend views before mooted in public; but it strikes us as discreet, at least, for other members of the profession to wait until their opinion is sought for, and not to cheapen their otherwise valuable services by volunteering too much.—*N. Y. Med. Record*, July 16, 1866.

A Splinter Embedded for Seven Years in the Muscles of the Forearm Without Causing Suppuration.

EDITOR MEDICAL AND SURGICAL REPORTER,—As the following case is an unusual one, and as its report will occupy but little of your space, I place it at your disposal:

Mr. G., of Kenosha county, called to consult me a few days ago, in relation to an enlargement, existing upon the anterior aspect of the right forearm. Seven years ago, in jumping from a hayrack, he struck the arm upon the splintered end of an oak stake, projecting from the side of the rack, inflicting a lacerated wound, an inch or more in length. It healed kindly in a few weeks, but there remained an enlargement, reaching from the beginning of the lower third of the arm, to the carpal articulation, well filling the space between the ulna and radius. Firm pressure at each end, and in its course, gave the impression that a foreign body of some kind had become safely lodged there, and the history given, suggested the possibility of its being a piece of the oak stake before mentioned. But was it possible, for a piece of *wood*, to remain embedded in the flesh for a period of *seven years*, and at no time to produce suppuration? This seemed impossible, but true it was, for a free incision through its extent, enabled me to remove a splinter of oak, two inches in length, and in circumference equal to a female catheter. It was a little darkened in color and polished like glass.

Racine, Wis., June 30th, 1866.

J. G. MEACHEM, M. D.

EDITORIAL.

BOOK NOTICES.

Researches on the Medical Properties and Application of Nitrous Oxide, etc. By G. J. ZIEGLER, M. D., Physician to the Philadelphia Hospital, etc.

Instruction in the Preparation, Administration and Properties of Nitrous Oxide, etc. By G. T. BARKER, D. D. S., Professor of the Principles of Dental Surgery, etc., in the Pennsylvania College of Dental Surgery, etc.

It undoubtedly remains for the dental profession to present a practical solution of the problem how to secure the simplest and most convenient means of producing and administering nitrous oxide gas as an anæsthetic agent.

It can scarcely be expected that this gas, unless the apparatus for its preparation is much improved, can take the place of ether and chloroform in the ordinary cases for which anæsthetics are required by the surgeon and physician in general practice. For this purpose, the apparatus at present is too bulky and inconvenient for transportation from one patient to another.

With the dentist, however, the case is somewhat different. The operations he is called upon to perform are numerous, painful and usually of short duration, and performed at his office. It is therefore desirable that he should possess an agent which acts speedily, safely, and does not necessitate a long detention of his patient on account of nausea or semi-unconsciousness.

It would seem that protoxide of nitrogen is the most convenient anæsthetic known for the dentist, since it possesses the desirable properties just mentioned, and can be readily administered by means of tubing leading from the apparatus.

For the same reasons this agent may possibly supercede ether and chloroform in hospital practice.

The little volumes of Dr. Ziegler and Dr. Barker present concise statements of the most important practical points regarding the preparation and administration of this gas. This whole subject is an important one, and merits the careful attention of the profession.

It should not be forgotten that to dentists belong the honor of first practically demonstrating the safety of the use of anæsthetics, and, to a certain extent, of introducing them into general use. This fact, in a measure, confers an honor upon the whole dental profession, for which it may well be proud.

We cannot leave this subject without reminding our readers of a fact they can scarcely have overlooked, that the dentists of this country are securing for their profession a high position, not only as an art but as a science.

The art is carried to a perfection, which may excite the wonder of all who examine with care the difficulties which are overcome in the construction of artificial teeth and palates, and in preventing the loss of the natural teeth by different modes of filling.

The energy and success with which so many members of the dental profession are devoting themselves to the investigation of all that pertains to the anatomy, physiology and diseases of the mouth; the skill which they manifest in the treatment of diseases of the jaw and gums, in supplying the deficiency of cleft palate and the management of broken jaw, must command the respect of all educated physicians.

The character of the works on dental surgery, of the periodicals devoted to the interests of the dental profession, the number and tone of the various associations of dentists, and above all, the growing tendency to require dental students to pursue a course of medical study, are but evidence of the efforts our friends are making to elevate the position of their profession.

This field of labor is a most useful one—the relief of pain, and in no small degree the prevention of serious diseases, not only of the teeth but also of the whole system. The extent to which the dentists of our country educate themselves in everything that pertains to their department, will determine the place they will occupy in relation to the learned professions.

Eighth Annual Report of the Chicago Charitable Eye and Ear Infirmary, 16 East Pearson Street, presented by the Board of Surgeons, for the year ending May 1, 1866.

In accordance with the Constitution and By-Laws of the Association, the Surgeons would most respectfully report:

That during the year ending May 1st, 1866, five hundred and sixteen* patients have been under treatment, making an aggregate of two thousand six hundred and forty-two that have been treated since the opening of the Infirmary in 1858.

The following is a classified list of the diseases which have been treated during the past year:

DISEASES OF THE EYE.

Wounds and Injuries.....	14	Diseases of Lachrymal Apparatus.....	11
Conjunctivitis, catarrhal.....	41	“ Retina and Optic Nerve.....	29
“ granular.....	91	“ Choroid and Sclerotic.....	6
“ “ with vas-.....		Opacity of Vitreous Humor.....	3
cular cornea.....	61	Glaucoma.....	1
Conjunctivitis neonatorum.....	4	Diseases of Lens—Cataract and	
“ purulent.....	10	Injuries.....	11
“ phlyctenular.....	20	Diseases of the Muscles.....	3
Diseases of the Cornea.....	66	Abnormal Accommodation.....	6
Foreign bodies on Cornea.....	7	Unclassified.....	25
Diseases of Lids.....	33	Total.....	451
“ Iris.....	9		

* In the Report of the Committee of the Illinois State Medical Society on Diseases of the Eye, page 201 of the last issue of the Journal, instead of two hundred and sixteen, read five hundred and sixteen as the number of poor patients who had been treated during the past year at the Infirmary.

DISEASES OF THE EAR.

Diseases of the External Meatus... 20	Foreign Substances in Ear. 4
" " Membrana Tym- pani..... 8	Diseases of Mastoid Processes..... 1
Diseases of the Auditory Nerve.... 9	Polypus..... 1
Impacted Cerumen 5	Unclassified..... 6
Catarrhal Deafness.. 11	65

The Surgeons take pleasure in stating that a larger number of poor patients have sought advice and treatment at the Infirmary during the past than any previous year. It is a proof of the continued confidence with which its efforts are elsewhere regarded, that the expenses of patients from a distance have, not unfrequently, been borne by benevolent individuals in their respective communities. Physicians also in various parts of the Northwest have expressed warm interest in the welfare of this charity, and have frequently testified to the great good it has accomplished.

The benefits which many of these patients have received can scarcely be estimated. Parents, unfortunate and helpless, have been restored to sight and the means of supporting their families. A large number of children have been rescued, it is believed, from partial or total blindness—and thus from life-long poverty. Many patients, affected with diseases, trifling in themselves, but which, if neglected, are almost certain to result in permanent injury of vision, have been relieved by short and simple treatment. And it is upon this class of patients, that the Surgeons look with peculiar interest, as illustrating the manner in which this charity, if possible, accomplishes most good, by *encouraging poor patients, without fear of expense, to seek medical aid in the very commencement of their diseases, before they have assumed a dangerous form.*

There is scarcely any form of charity, whose claims can be so forcibly urged on the grounds of humanity and economy, as this. It relieves physical suffering and mental distress by the cure of painful diseases, and by removing fears of threatened blindness; it restores many with impaired vision to sight, and to their daily labors, thereby removing one cause of poverty; it prevents ignorance by rescuing poor children from partial or total loss of sight—thus enabling them to acquire the rudiments

of knowledge and to follow in after life honorable and remunerative occupations. How much more in accordance with an enlightened humanity is it to relieve such children, than to neglect them till they become dependent upon the Blind Asylum for their education and limited means of support.

On the ground of economy this charity claims *especial* consideration. So far as it prevents blindness—so far it lessens taxation by reducing the number of the poor dependent upon public or private charity—and so far it adds to the productive labor and wealth of the State. Its principle is Prevention, one of the first laws of Economy. It does not encourage the habit of idleness and begging, as, it is feared, is too often the case with direct pecuniary aid. It restores to health, hope and useful activity. It would be difficult to point to another form of charity by which so much good can be accomplished at so little cost.

During the war of the Rebellion, a large number of soldiers, soldiers' wives and children received gratuitous treatment at the Dispensary of the Infirmary for diseases of the eye or ear.

The Infirmary has been able during the past year to extend its charities to soldiers more largely than before, in consequence of the action of the N. W. Sanitary and Christian Commissions.

In view of the number of discharged soldiers with diseases of the eye, who were constantly applying for medical and surgical aid, the Northwestern Branch of the U. S. Sanitary Commission not only contributed valuable supplies of household furniture, especially beds, bedding and clothing, but also, by recommendation of the U. S. Sanitary Commission, created a fund for the support of soldiers at the Infirmary while under treatment.

The N. W. Sanitary Commission, also by recommendation of the U. S. Sanitary Commission, donated \$500 to aid in constructing the enlargement of the Infirmary building, rendered necessary by the number of patients thus increased by soldiers seeking treatment.

The N. W. Christian Commission also donated the sum of \$500 for the same purpose.

The number of soldiers in Illinois and the whole Northwest, who are incapacitated for self-support by diseases of the eye,

contracted in the army, and, for this reason, thrown upon the charities of their friends or the public, is known to be very large. For a long time this class of patients must depend in a measure for treatment upon such Institutions as this.

The fund created by the Sanitary Commission will enable the Infirmary to support but a limited number of the soldiers who will need this form of charity. Will not the public contribute means sufficient to spare the Infirmary the necessity of turning from its doors a single soldier deserving the aid it seeks to give?

The Surgeons take pleasure also in stating that the Infirmary was incorporated in February, 1865, by a special act of the General Assembly of the State of Illinois.

This charity is intended for the poor of the Northwest, as well as of Chicago. For such patients, treatment, medicines and lodging will be provided gratuitously. A charge is necessary at present for board, since the means of the Infirmary are insufficient to furnish this last without charge. Efforts will be made to establish a fund by which the poor may also obtain gratuitous board.

The Infirmary now possesses, with its recent enlargement, a commodious hospital building in a healthy portion of the city, near the lake, with all the conveniences necessary for the comfort and welfare of patients suffering from diseases of the eye or ear.

But with its increased capacity come increased calls from the poor for medical aid, and a greater demand on the public to assist the Infirmary in its benevolent labors.

The Infirmary is at No. 16 East Pearson Street, half a mile north of State Street Bridge, and is open at all times for the reception of the poor, afflicted with diseases of the eye or ear. The Dispensary of the Infirmary is also open from 2 to 2½ P.M. for such poor patients, not boarding at the Infirmary, as may require treatment.

WANTED, by Dr. J. H. Wilson, Marion, Linn county, Iowa, Nos. 1 and 6, 1864, and No. 7, 1865, of the Journal, for which a handsome price will be paid.

Why Not? A Book for Every Woman. The Prize Essay to which the American Medical Association Awarded the Gold Medal for 1865. By H. R. STORER, M. D., of Boston. Lee & Shepard, Boston.

In spite of the unfortunate title of this little volume, and in spite of certain peculiarities which lay it open to severe criticism, were any one sufficiently captious to quarrel with a work which conveys the truths which this contains, we are glad to see that Dr. Storer's tract is at length before the public.

Total ignorance of all that the natural instinct does not impart concerning the sexual functions, would be safer and better than the fancied knowledge with which the men and women of the present day have been led to suppose themselves in advance of their simple-minded ancestors. But since the innocent days of the childhood of the world in such matters cannot be recalled, the only safety of the race is to be found in complete information. This it is the duty of our profession to convey. We therefore cordially commend this essay to the attention of all for whom it was designed, believing that a flood of suffering and wretchedness may thus be averted from many a family throughout the land.

For sale by Cobb & Pritchard, Lake street, Chicago.

We glean from the *American Literary Gazette* the following lists of books, either recently published or in course of preparation for the market:

List of Medical Books recently published in the United States.

Bennett's Clinical Lectures. *Third Edition.*

Da Costa's Medical Diagnosis. *Second Edition.*

Echeverria's Reflex Paralysis.

Schmoele on Asiatic Cholera.

Seguin on Idiocy and its Treatment by the Physiological Method.

Sim's Clinical Notes on Uterine Surgery.

Storer's *Why Not? A Book for Every Woman.*

Works announced for early publication.

Aitken's Science and Practice of Medicine. From the Fourth London Edition.

Basham on Dropsy.

Beale on the Microscope in Practical Medicine.

Dixon's Treatise on Diseases of the Eye.

Duchenne's Localized Electrization.

Ellis on the Safe Abolition of Pain in Labor and Surgical Operations.

Prince's Orthopedic Surgery.

Remak's Electro-Therapeutics.

Reynolds on Diseases of the Brain and Nervous System.

Trousseau's Clinical Medicine. Vol. I, Part I.

Waring's Practical Therapeutics.

Zander on the Ophthalmoscope.

Books recently published in the United States, but manufactured abroad.

Beale's How to Work with the Microscope.

Beraud's Atlas of Surgical and Topographical Anatomy.

Holmes' System of Surgery.

Works recently published in Great Britain.

Annandale's Surgical Appliances and Operative Surgery.

Barclay's Gout and Rheumatism.

Barker's Diseases of the Respiratory Passages.

Griffith's Dermatology. Treatment of Skin Diseases.

Leach's Brief Notes on the Cholera in Turkey.

Macpherson's Cholera in its Home.

Moon's Handy-Book of Ophthalmic Surgery.

Smith's Common Nature of Epidemics.

OBITUARY.—PETER T. LANGE, M. D., Chicago, drowned while bathing in the lake, July 14, 1866. The deceased was a member of the last class which graduated from Rush Medical College, and had engaged in the practice of his profession in this city with the fairest prospects of brilliant success.